



**TOWN OF HOLDEN**  
**MASSACHUSETTS**  
**OFFICE OF THE TREASURER & COLLECTOR**

SHARON A. LOWDER, CMMT, CMMC  
TREASURER & COLLECTOR

**Request for Tax Payment Information**

Name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Signature (required) \_\_\_\_\_

Call for pickup \_\_\_\_\_ Mail \_\_\_\_\_ (SASE enclosed)

Email \_\_\_\_\_ email address \_\_\_\_\_

Fax \_\_\_\_\_ Fax number \_\_\_\_\_

**Real Estate Tax - for Calendar Year \_\_\_\_\_**

Street address of property \_\_\_\_\_

Parcel Id (may be found on Assessors' Web Site) \_\_\_\_\_

EXACT name in which property is assessed \_\_\_\_\_

(DO NOT write in boxes with gray areas. To be completed by Collector's Office Staff)

Date	Amount	Date	Amount	Staff Initial

**Motor Vehicle Excise Tax for Calendar Year \_\_\_\_\_**

Exact name of owner of vehicle(s): \_\_\_\_\_

You must fill out a separate request for each vehicle owner. Send in one envelope.

**Fill in the Make (NOT MODEL), Year, Plate #, for each Vehicle**

	Vehicle #1	Vehicle #2	Vehicle #3	Staff Initial
Make & Year				
Plate #				
Payment Made				

Please send completed form to: Collector's Office, 1204 Main St., Holden, MA 01520